14031250705

FEC

STATEMENT OF **ORGANIZATION**

RECEIVED

| FURIVI I | | · | t Offic | JUN 24 All 7: 16 |
|---|----------------------------|--|------------------------|---|
| NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | MAIL CENTER |
| DEMOFRATS | MAKING | PROGRESS | PAC | DMPJ PAC) |
| | | | | |
| ADDRESS (number and street) | 15892 RD | OSEVELTIS | TRFET | |
| (Check if address is changed) | | 1:1 1 1 1 1 1 1 1 1 1 1 | <u> </u> | |
| | BETHESI | >A | MD Zi | 28-17-1 |
| • | CITY 🛦 | | STATE A | ZIP CODE A |
| COMMITTEE'S E-MAIL ADDRE | SS | | | |
| (Check if address is changed) | | | | <u> </u> |
| , | Optional Second E-Mail | Address | | |
| • | | | | |
| COMMITTEE'S WEB PAGE AD | DRESS (URL) | 7. | • | |
| (Check if address is changed) | | | | |
| | | | <u> </u> | |
| 2. DATE 05'87'2014 | | | | |
| 3. FEC IDENTIFICATION N | UMBER ▶ C | and the grant and the second s | | |
| 4. IS THIS STATEMENT | NEW (N) OR | AMENDED (A) | | |
| I certify that I have examined the | nis Statement and to the b | pest of my knowledge and belief it | t is true, correct and | complete. |
| Type or Print Name of Treasurer KRISTIN HUDOCK | | | | |
| Signature of Treasurer | Suitant An | dock | Date 0.6 | 20'3014 |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. | | | | |
| Office Use Only | Also 14 | For further Information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

| . [| FEC Fo | rm 1 (Revised 02/2009) Page 2 |
|---------------|---------------------|--|
| | | OMMITTEE |
| Can | didate | e Committee: |
| (a) | | This committee is a principal campaign committee. (Complete the candidate information below.) |
| (p) | Date: | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) |
| Name Cand | | |
| Cand Party | lidate Affiliati | Office State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. |
| Name Cand | | |
| Part | y Con | nmittee: |
| (d) | | This committee is a (National, State (Democratic, Republican, etc.) Party |
| Poli | tical A | ction Committee (PAC): |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is |
| | | Corporation Corporation W/o Capital Stock Labor Organization |
| | | Membership Organization Trade Association Cooperative |
| | | In addition, this committee is a Lobbyist/Registrant PAC. |
| (f) | X | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee) |
| | | In addition, this committee ts a Lobbyist/Registrant PAC. |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) |
| Join | t Func | Iraising Representative: |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a fodoral candidate. |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate. |
| | Com | mittees Participating in Joint Fundraiser |
| | 1. | |
| | 2. | |
| | 3. | FEC ID number |
| | 4. | |
| | | Landau Baribaria de la contra de |

| | | ì | |
|---|-----------------------|---------------------|------|
| FEC Form 1 (Revised 02/2009) | | Page 3 | e . |
| Write or Type Committee Name | | | SR 1 |
| DEMOCRATS MAKING PROGR | ZESS PA | ic (DMF | PAC) |
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Repres | entative, or Leadersh | _ | |
| III DONALDIMI PAYNELITRIIII | | | |
| | | | |
| Mailing Address 19 BOCK PNENUE | | *** | |
| | | | |
| NEWARKIIIIII | NJ 1071 | 2 | |
| CITY | STATE 2 | ZIP CODE | • |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Re | epresentative Lead | lership PAC Sponsor | |
| Custodian of Records: Identify by name, address (phone number optional) and position books and records. | of the person in poss | ession of committee | |
| Full Name LIKETSTIN HUDOCK | | 1 1 1 1 1 1 | • |
| Mailing Address L. 58D.2 P.00,5EVEL | T, STR | 351 | |
| 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| BETHESDA | MD 2-98 | 17- | |
| Title or Position CITY S | TATE Z | IP CODE | |
| TRASUREM Telephone number | er 3011-5 | 64-S775 | , |
| 3. Treasurer: List the name and address (phone number optional) of the treasurer of the coany designated agent (e.g., assistant treasurer). | ommittee; and the nam | e and address of | |
| Full Name of Treasurer | | | |
| Mailing Address | | | |
| | | | |
| CITY | TATE Z | IP CODE | |
| Title or Position | | " JODE | |
| Telephone numbe | r | <u> </u> | |

| FEC Form 1 (Revised 02/2009) | | Page 4 |
|---|----------------|---------------------------------------|
| | | · · · · · · · · · · · · · · · · · · · |
| Full Name of Designated Agent | | |
| Mailing Address | 1 1 1 1 1 | |
| · | | |
| | لــــا | |
| CITY | STATE | ZIP CODE |
| Title or Position Telephone no | umber | |
| Banks or Other Depositories: List all banks or other depositories in which the commsafety deposit boxes or maintains funds. Name of Bank, Depository, etc. | ittee deposits | funds, holds accounts, rents |
| Mailing Address | | |
| | | |
| | | |
| CITY | STATE | ZIP CODE |
| Name of Bank, Depository, etc. | | |
| * | | |
| Mailing Address | | |
| | | |
| | Ш | |
| CITY | STATE | ZIP CODE |

FOREVER E Freedom

RECEIVED

.:

ř

All 7: 16 2014 JUL 24

FEE MAIL CENTER

20 JUN 2014 PM41

CHALLE DISTRICT SOUNDS

Washington, DC 20463 999 E Street, NW

shilled a ship is the state of the state of

00000 0000

| | _ | |
|----|----|---|
| 1 | Ξ | |
| | - | |
| | | |
| ì | ٠, | |
| ĺ | = | • |
| | | |
| Į. | Í | |
| ć | ١, | J |
| | | |
| 4 | | |
| P | ſ | 1 |
| | | |
| C | Ξ | |
| | | |
| ę | - | ļ |
| | _ | |
| P | _ | ١ |

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how if was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):